BRUSHY MTN PRISON EMPLOYEES LINION, LOCAL 2173 —AMENDED REPURT (PAGE 3)—

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and

8.	AGGREGATE	TOTAL OF	ALL IN-	STATE E	EVENTS
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State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been
reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

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9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Muhael Dunter	5-28-07
Signature of Person Completing Report Print Name of Person: MICHAEL GUNTER, TREASURER.	Date
I, the undersigned, acknowledge that I have reviewed the foregoing Report accurate to the best of my knowledge, information and belief.	and certify that is complete
William Shillings	5-28-07 Date
Signature of CEO, CFO or Authorized Representative Print Name of Person: WILLAM SHILLINGS, PRESIDENT	Date
, the undersigned, do hereby witness the above (Printed Name of Witness) CFO or Authorized Representative, which was	signature of the CEO, s signed in my presence.
W. 18 14	T 00 -1

Momes Lingulation 5-28-07
Signature of Witness Date

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